

**Political Organization**  
**Notice of Section 527 Status**

OMB No. 1545-1693

**Part I General Information**

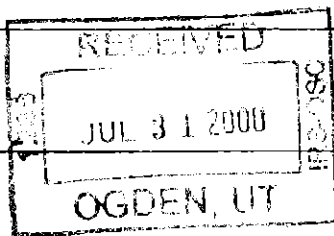
1 Name of organization <b>Michigan Insurance Federation Political Action Committee</b>		Employer identification number <b>38 : 3547695</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>334 Townsend St.</b> City or town, state, and ZIP code <b>Lansing, MI 48933</b>		
3 E-mail address of organization <b>N/A</b>		
4a Name of custodian of records <b>Lennise Stephens</b>	4b Custodian's address <b>334 Townsend St.</b> <b>Lansing, MI 48933</b>	
5a Name of contact person <b>Doug Cruce</b>	5b Contact person's address <b>334 Townsend St.</b> <b>Lansing, MI 48933</b>	
6 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number <b>Same</b> City or town, state, and ZIP code		

**Part II Purpose**

7 Describe the purpose of the organization  
The purpose of the organization is to receive contributions and make expenditures for an exempt function pursuant to the Mich. Campaign Finance Act, and to engage in activities not otherwise prohibited by the Mich. Campaign Finance Act. The organization files periodic reports of contributions and expenditures with the Mich. Dept. of State, and these reports are made available to the public in the offices of the Mich. Dept. of State and on the internet.

**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
Michigan Insurance Federation	Related	334 Townsend St. Lansing, MI 48933



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**Part IV** List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

7/28/2000

Date \_\_\_\_\_

